2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 16, 2008 8:00 am Secretary of State

04-16-2008 90031 003 ****61 25 **DOCUMENT #723696** 1. Entity Name LA PÁLMA NORTE, INC. 60024624 Principal Place of Business Mailing Address 537 U.S. HIGHWAY 1 P.O. BOX 14735 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 LIS LIS 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082008 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Numbe Applied For 59-1612926 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOHER, SANDY Street Address (P.O. Box Number is Not Acceptable) 2343 HOLLY LANE PALM BEACH GARDENS, FL 33410-1314 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be 🏄 🥍 Florida Department of State 🗼 Trust Fund Contribution. Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PMP PMD Defete Change Addition TITLE TITLE Balevic MOHER, SANDRA NAME NAME Ridge Rd. 2343 HOLLY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 334101314 CITY-ST-ZIP upiter, FL Addition VPD TITLE ☐ Change TITLE Delete HART, ROY DDS NAME NAME STREET ADDRESS 537 U.S HWY, 1, STE, 1 STREET ADDRESS ens FC NORTH PALM BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition SD Delete TITLE BLAKLEY, DANA NAME NAME STREET ADDRESS 537 U.S. HIGHWAY 1, STE 4 STREET ADDRESS NORTH PALM BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 1171 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Delete TITL F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP

filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the infor indicated on this of the corporation or the changed, or on an attack

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR